

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

|                        |                      |
|------------------------|----------------------|
| Application Number     | 09/992,516           |
| Filing Date            | 11/14/2001           |
| First Named Inventor   | David A. Shafer      |
| Art Unit               | 1639                 |
| Examiner Name          | Teresa D. Wessendorf |
| Attorney Docket Number | 24749-0004001        |

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☒ the practitioners of record associated with Customer Number: 26167

**NOTE:** The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> 10.40(b)(1)    | <input type="checkbox"/> 10.40(b)(2)     | <input type="checkbox"/> 10.40(b)(3)      | <input type="checkbox"/> 10.40(b)(4)                |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input checked="" type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40.(c)(2)     | <input type="checkbox"/> 10.40(c)(3)                |
| <input type="checkbox"/> 10.40(c)(4)    | <input type="checkbox"/> 10.40(c)(5)     | <input type="checkbox"/> 10.40(c)(6)      | Please explain below:                               |

**Certifications**

**Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.**

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary

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Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number:

OR

B. ☒ Inventor or  
Assignee name      David Shafer

Address      245 Danbury Lane

City      Atlanta      State      GA      Zip      30327      Country      US

Telephone           Email     

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature      

Name      Tina Williams McKeon      Registration No. 43791

Address      1180 Peachtree St. NE 21<sup>st</sup> Fl

City      Atlanta      State      GA      Zip      30329      Country      US

Date      March 11, 2010      Telephone No. 404-724-2808

NOTE: Withdrawal is effective when approved rather than when received.